

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32465**

FILED NOV 14 1955

BIRTH NO. 1-074-55 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY Cape, Girardeau	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Bollinger
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape, Girardeau,	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill 0090
c. LENGTH OF STAY (In this place) 10 days	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital	e. STREET ADDRESS

3. NAME OF DECEASED (Type or Print) a. (First) Karen	b. (Middle) Sue	c. (Last) Leadbetter	4. DATE OF DEATH (Month) (Day) (Year) 11th 1-1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Inf	8. DATE OF BIRTH 10-22nd 1955	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inf	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Raymond Leadbetter	13b. MOTHER'S MAIDEN NAME Wake,	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Raymond Leadbetter ADDRESS Marble Hill
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 776X DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 9 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22, 1955, to 11-1, 1955, that I last saw the deceased alive on 10-31, 1955, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. F. McDonald, M.D.	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED 11-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2nd-55	24c. NAME OF CEMETERY OR CREMATORY Hahn Chappel	24d. LOCATION (City, town, or county) (State) Near Marble Hill, Mo.
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DATE REC'D BY LOCAL REG. 11-9-55	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Robert Turner ADDRESS Home, Internall
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.